

Social Security Administration
Notice of Overpayment
[Date]
[Your Name]
[Your Address]
[City, State, Zip Code]
Claim Number: [Claim Number]
Dear [Your Name],
We are writing to inform you that we have determined you were overpaid
Social Security Disability Insurance (SSDI) benefits.
Amount of Overpayment: \$[Amount]
Period of Overpayment: [Start Date] to [End Date]
Reason for Overpayment:
[Explanation of why overpayment occurred, e.g., "Based on our review, we
found that you were not eligible for benefits during the specified
period."]
Repayment Instructions:
Please contact us by [Response Deadline Date] to discuss your repayment
options. You may submit your repayment via [Mail/Direct Deposit], or set
up a repayment plan.
Your Rights:
You have the right to appeal this decision. If you wish to contest the
overpayment, please submit your request for reconsideration within 60
days from the date of this notice.
Contact Information:
For questions, please call us at [Phone Number] or visit [SSA Office
Address].
Thank you for your attention to this matter.
Sincerely,
[Your Name or SSA Representative's Name]
[Title]
Social Security Administration